

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4067

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 4614 Steinlage Dr					
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) S		c. (Last) COLLETTI			
4. DATE OF DEATH		(Month) May		(Day) 5		(Year) 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 27 1905			
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 10 MIN. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Contractor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Stephan Colletti		13b. MOTHER'S MAIDEN NAME Katherine Roberto		14. NAME OF HUSBAND OR WIFE Mayme Colletti					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mayme Colletti 4614 Steinlage Dr					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 MO	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 4/28/49		19b. MAJOR FINDINGS OF OPERATION Confirmed above.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 470		21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1628		22. I hereby certify that I attended the deceased from Apr. 14, 1949, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 1:10 a.m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) James R. Mundy, D.O.		23b. ADDRESS 6347 Grand Blvd	
23c. DATE SIGNED May 5/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 7 49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. DAY 6		REGISTRAR'S SIGNATURE J. B. Sawyer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. SCHNUR 3125 Lafayette Ave					

*Handwritten mark*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Joseph Volkmann*

Licensed Embalmer No. *21014*

P. O. Address *3125 Pa...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.